

Federal Advisory Committee (FAC) Membership Balance Plan

Please read the Federal Advisory Committee Membership Balance Plan Guidance prior to completing this form

GENERAL SERVICES ADMINISTRATION

(1) FEDERAL ADVISORY COMMITTEE NAME

State the legal name of the FAC

Council on Graduate Medical Education

(2) AUTHORITY

Identify the authority for establishing the FAC

The Council on Graduate Medical Education (Advisory Council) is authorized by section 762 (42 U.S.C. 294o) of the Public Health Service (PHS) Act, as amended. Except where otherwise indicated, the Advisory Council is governed by provisions of the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C. Appendix 2), as amended, which sets forth standards for the formation and use of advisory committees. Since 2002, with the expiration of the multi-year re-authorization contained in the Health Professions Education Partnerships Act of 1998, the Advisory Council has been authorized through annual appropriations; most recently, P.L. 112-74, Sec. 215.

(3) MISSION/FUNCTION

Describe the mission/function of the FAC

The Council provides advice and recommendations to the Secretary of the Department of Health and Human Services (Secretary), and is responsible for submitting reports to the Secretary and Congress concerning physician workforce needs on a long term basis, recommending appropriate federal and private sector efforts necessary to address these needs, and providing a forum to enable appropriate consideration of these needs. In addition, the Council develops, publishes, and implements performance measures and longitudinal evaluations, as well as recommends appropriation levels for programs under Title VII of the PHS Act, except for programs under part C or D. The Council is a statutory, nondiscretionary advisory committee. The composition of the Council is prescribed as outlined by statute.

(4) POINTS OF VIEW

Based on understanding the purpose of the FAC,

(a) describe the process that will be used to ensure the committee is balanced, and identify the categories (e.g. individual expertise or represented interests) from which candidates will be considered;

(b) consider identifying an anticipated relative distribution of candidates across the categories; and

(c) explain how a determination was made to appoint any individuals as Special Government Employees or Representative members

The Council is composed of 17 members: Three Ex-Officio members which shall include: (1) the Assistant Secretary for Health or the designee of the Assistant Secretary; (2) the Administrator of the Centers for Medicare and Medicaid Services or the designee of the Administrator; (3) the Chief Medical Director of the Department of Veterans Affairs or the designee of the Chief Medical Director; (4) six members appointed by the Secretary to include representatives of practicing primary care physicians, national and specialty physician organizations, foreign medical graduates, and medical student and house staff associations; (5) four members appointed by the Secretary to include representatives of schools of medicine, osteopathic medicine, and public and private teaching hospitals; and (6) four members appointed by the Secretary to include representatives of health insurers, business, and labor. The 14 non-federal members appointed by the Secretary are Special Government Employees. The ex-officio members shall be Regular Government Employees.

(5) OTHER BALANCE FACTORS

List any other factors your agency identifies as important in achieving a balanced FAC

The Secretary ensures a broad geographic representation of members, a balance between urban and rural members and the adequate representation of women and minorities. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved. Nine members of the Council constitute a quorum, but a lesser number may hold hearings. Any vacancy in the council does not affect its power to function. The Council shall elect one of its members as Chairman of the Council and one of its members as Vice Chair of the Advisory Council.

(6) CANDIDATE IDENTIFICATION PROCESS

Summarize the process intended to be used to identify candidates for the FAC, key resources expected to be tapped to identify candidates and the key persons (by position, not name) who will evaluate FAC balance. The summary should:

- (a) describe the process*
- (b) identify the agency key staff involved (by position, not name)*
- (c) briefly describe how FAC vacancies, if any, will be handled by the agency; and*
- (d) state the membership term limit of FAC members, if applicable*

The DFO will solicit candidate nominations from constituent professional organizations associated with the disciplines represented on the Council. An announcement requesting nominations will also be placed in the Federal Register. A short list of the best qualified candidates will be developed and discussed within HRSA. Formal letters of invitation to serve on the Council will be extended by the Secretary of HHS. If any vacancies occur during the life of the Council, the DFO will review the initial candidate list, identify the best qualified candidate to replace the lost expertise, and initiate the review process as described above. The Agency will strive to fill vacancies no later than 6 months after the position is vacated. Non-Federal Committee members will be appointed for a 4-year term.

(7) SUBCOMMITTEE BALANCE

Subcommittees subject to FACA should either state that the process for determining FAC member balance on subcommittees is the same as the process for the parent FAC, or describe how it is different*

**This is relevant to those agencies that require their subcommittees to follow all FACA requirements.*

The process used to determine advisory committee member balance for the parent Federal advisory committee will be used for any subcommittees that may be created.

(8) OTHER

Provide any additional information that supports the balance of the FAC

None.

(9) DATE PREPARED/UPDATED

Insert the actual date the Membership Balance Plan was initially prepared, along with the date(s) the Plan is updated

September 23, 2016